

State of Hawaii

State Health Policy Guidebook

SCR 107
Requesting the
State Health Planning & Development Agency
To Develop A
Health Policy Guidebook
2002

PREFACE

Welcome to the State Health Policy Guidebook. This Guidebook was developed per SCR 107 which requested State Health Planning and Development Agency to develop a health policy guidebook. We hope that our efforts have resulted in a user-friendly document that is quick to interpret, easy to use, relevant, data-rich, and understandable.

A brief explanation of Hawaii's history in health care is invaluable in providing the background and motivations behind this effort. Hawaii has a long-standing commitment to health planning as expressed in its statutes since 1945. From its days as a territory through post-statehood, the intent of these statutes has been to address current health care issues affecting its citizens from a planning standpoint.

By 1974, the State Legislature, acknowledging the importance of community input, established the State Health Planning and Development Agency (SHPDA), the Statewide Health Coordinating Council (SHCC) and the Subarea Health Planning Councils (SAC). By doing so, our lawmakers provided a pragmatic, permanent vehicle for citizen input into the health planning process and ensured that the total health services plans of the State will be based on informed decision making.

The principal planning product of the Agency and its citizen advisory bodies is the State Health Services and Facilities Plan (HSFP). In 1996, SHPDA and the SHCC began a full-scale revision of the HSFP. The Plan was re-formatted and re-directed to become a strategic document that emphasized improvement of health status and the importance of access, quality, cost-effectiveness and equity as criteria for decision-making. The Plan is now more commonly known as the Hawaii Health Performance Plan (or H2P2).

H2P2 was researched and developed by a collaboration of Hawaii's health care industry, individual clinicians and consumers statewide. At the SHCC and SAC level, forums and meetings occurred that involved all major health systems, health plans, hospitals and health associations. Together, over 300 individuals worked together with grassroots level community councils to develop the Plan.

The State Health Policy Guidebook is based largely on the ideas and concepts contained in H2P2. Major efforts were made to review and summarizing the disease outcome sections, Subarea priorities, and to provide additional information that would assist legislators in analyzing health care issues and proposed legislation.

Like H2P2, the guidebook is a "living document" – in various phases of implementation and refinement. Consequently, we encourage the user to revisit the sources (bibliography, websites, etc.) used by this document to obtain more detailed and current data available.

The Plan Development Committee, who facilitated the guidebook's development, extend its warmest mahalo to all those involved in this endeavor. In particular, it would like to express its sincere appreciation to the SHPDA volunteer board and committee members who provide the crucial connection with the communities they represent.

ACKNOWLEDGEMENTS

This guidebook is the result of collaboration among community leaders, consumers, health care providers and countless others who have provided input. At the core of this effort are the volunteer boards and committees who have been an invaluable resource in this process:

Statewide Health Coordinating Council

William “Speedy” Bailey
Lili Bryan-Conant
J.David Curb, M.D.
Stacy K. Evensen
Patty Foley
Susan K. Forbes, DrPH
Susan Hunt
Craig Kadooka, M.D.
Joanne Kealoha
Marilyn Kunishi, Ex-Officio
Peter Lewis
William O'Connor
Patrick Saka
Sarajeon Tokunaga
Sabrina Toma
Mark Yamakawa

Kauai County Subarea Health Planning Council

Lili Bryan-Conant
Maxine M. Correa
Josephine Duvauchelle
Emmaline K. Ihu
Alan Kimura
Kaleinani M. Larsen
Zachary Octavio
David Peters
Trinidad Raval
Elizabeth Ubay
Kenneth Villabrille
Stan Yates

Tri-Isle (Maui, Molokai and Lanai) Subarea Health Planning Council

Glenn Izawa
Judy McCorkle
John Ornelles
Patricia Reffetto
Tim Shiroma
William Stanton
Kathleen Street
Guy M. Sugino, M.D.
Sarajeon Tokunaga

West Oahu Subarea Health Planning Council

Lee Buenconsejo-Lum
Nelson Higa
C. Mike Kido
Richard F. Kolbe
Creighton Liu
Joyce M. O'Brien
Laurie A.B. Oishi
Annette Ostrem
Mary Ann Pyun
Lance Segawa
Brad White

Hawaii County Subarea Health Planning Council

Roberta Cartwright
Leslie Chow
Wayne Higashi
Susan Hunt
Kerry Inouye
Lester Inouye
Karen Moriuchi
Clifford K. Motta
Irene A. Nagao
Ida A. Otake
Paul Paiva
Alan Parker
Steven G. Pavao
Karlson Pung
Juliette Tualang
Beverly Jean Withington

Windward Oahu Subarea Health Planning Council

John E. Aoki, M.D.
Aggie Pigao Cadiz
Leslie S. Chinen
Ann M. Ditzler
Ronald T. Hayashi
Gregg Oishi
Annette Ostrem
Barbara Penniall
Julia E. Thornton
Roy Yamauchi
Kevin Sypniewski

Honolulu Subarea Health Planning Council

Andrew Char
Kathleen Delahanty
Mary Dixon
Pamela Hinsdale
Joyce Ingram-Chinn
Debbie K. Morikawa
Mark Taylor
Patricia Tompkins
Lane K. Uchimura
James P. Walsh

Bruce Behnke, Sr.
Leslie Chinen
Jamie Cameros
Kathleen Delahanty
Patrick Duarte
Mary Alice Evans
Stacy Evensen
Susan Forbes
Beth Geisting
David Gire

**Plan Development
Committee**

Alice Hall
Aileen Hiramatsu
Joyce Ingram-Chinn
Gary Kajiware
Stanwood Kanna, D.D.S.
Patrick Linton
Creighton Liu
Donna Maiava
John McComas
Millie Ng

William O'Connor
Robert Ogawa
Alvin Onaka
Rose Ann Poyzer
James Reisen
Janet Scura
Sarajeon Tokunaga
Sister Beatrice Tom
James P. Walsh
Mark Yamakawa

TABLE OF CONTENTS

Preface	<i>i</i>
Acknowledgements	<i>ii</i>
EXECUTIVE SUMMARY	1
EMERGING ISSUES / RECOMMENDATIONS	2
STATEWIDE VALUES	5
SUBAREA PRIORITIES	
• Statewide	6
• Kauai	7
• Honolulu	9
• West Oahu	10
• Windward Oahu	12
• Tri-Isle (Maui, Molokai, and Lanai)	14
• Hawaii County	15
DISEASE OUTCOME CHAPTERS	
• Infectious Diseases	17
• Cancer	19
• Diabetes and Other Chronic Disabling Conditions	20
• Heart Disease and Stroke	22
• Preventable Injury and Violence	25
• Dental (Oral) Health	27
• Maternal, Infant, and Child Health	29
• Behavioral Health: Mental Health, Alcohol, Other Drugs and Tobacco	31
APPENDIX	
SENATE CONCURRENT RESOLUTION 107	EXHIBIT A
POLICYMAKERS' CHECKLIST	EXHIBIT B

EXECUTIVE SUMMARY

WHAT IS THE PURPOSE OF THE HEALTH POLICY GUIDEBOOK?

The major intent of this guidebook is to assist the Legislature in making public health policy decisions. It is based on the Hawaii Health Performance Plan (H2P2), which was produced by the State Health Planning and Development Agency.

Developed by the partnership of Hawaii's health care industry and communities statewide, H2P2 is the State's statutorily mandated health services and facilities plan.

In addition, the guidebook includes information focused on facilities and services development that achieves access to quality health care at reasonable costs for our citizens.

HOW DO I USE THE GUIDEBOOK?

Use this guidebook as:

A SUMMARY of the Hawaii Health Performance Plan to provide an understanding the current health care issues and trends that are raised by the community.

A TOOL that you can use to assess and make informed decisions about proposed health legislation.

A LOCAL PERSPECTIVE that provides a better understanding what each community considers essential to achieve the best health status.

A REFERENCE to other sources of information that provide more detailed and current information on specific healthcare issues.

RECOMMENDATIONS to consider that have emerged as result of the data and discussion of the participants.

EMERGING ISSUES / RECOMMENDATIONS

The world has become a large village, with major events occurring on the other side of the world having a direct impact on our State. Because of air travel, communications and the world's economy, the amount of time it takes for an event to impact individuals and communities can almost be instantaneous. Unforeseen and predictable events create a new challenge for communities trying to improving and protecting their health status.

<u>Issue</u>	<u>Discussion</u>	<u>Recommendation</u>
<i>A More Vulnerable Local Economy</i>	Sudden loss of jobs (and employment-based health coverage) threatens our status as the "Health State" by decreasing access to health care. At one time Hawaii ranked number one in the country for level of insured population – we now rank #10. Decreased jobs and business closures generate lower tax revenues which fund community health needs.	Support: <ul style="list-style-type: none">• An economic stimulus package that include diverse and secure employment opportunities.• Initiatives to effectively address the needs of the uninsured.
<i>Reduced Health Care Funding</i>	Restrictions on federal programs (Medicare, Medicaid) have reduced public and private sector funding for hospitals and other providers of health care services. Left unresolved, timely access to quality care will be affected.	Support increased provider reimbursements for government programs.
<i>Health Care Labor Shortage</i>	Hawaii has a geographic maldistribution of health personnel. Within 10 years, areas may not have enough physicians, dentists and other professionals. Our hospitals, skilled nursing homes and community based care facilities may not be adequately staffed. This would occur as the need for these services increases due to an increase in elderly population.	Support: <ul style="list-style-type: none">• Loan and tax incentives to physicians and dentists to move to remote areas to practice.• Funding and educational initiatives that encourage our youth to pursue health care as a career.

EMERGING TRENDS / RECOMMENDATIONS *(continue)*

<u>Issue</u>	<u>Discussion</u>	<u>Recommendation</u>
<i>An Aging Population</i>	<p>Hawaii's elderly population is growing rapidly. Elderly use more, and more sophisticated, health care services as they age and recent health care cost trends indicate the use of these services is increasing dramatically (e.g. prescription drugs, hospital services).</p> <p>Hawaii can expect to see even greater increases in health care costs as our Baby Boomers enter their next decade. When this occurs, Hawaii will be ill-prepared to accommodate their needs. Elder care facilities and services are grossly lacking in Hawaii, especially on our neighbor islands.</p>	<p>Support:</p> <ul style="list-style-type: none">• Statewide health promotion and disease management initiatives (e.g. for heart disease, diabetes, asthma, mental health /substance abuse).• Development of a cost effective long term care financing and delivery system.• Local health care facilities as they change their operations and services to these new demands.
<i>Proliferation of Medical Technology</i>	<p>In addition to the dramatic increase in more sophisticated and costly pharmaceutical products, the medical technology industry has produced an endless stream of high tech equipment, screening devices, delivery systems and other useful tools to detect, cure and prevent disease. While some of these advancements have clearly benefited patient care, others have brought with them only increased cost and concerns about quality and overutilization.</p> <p>Government and private payers will be pressured to adopt more scientifically-based criteria to determine their payment and approval policies.</p>	<p>Support the continued development of new technology and more scientifically-supported methods of assessing and reimbursing for high quality, cost effective care.</p>

EMERGING ISSUES / RECOMMENDATIONS *(continue)*

<u>Issue</u>	<u>Discussion</u>	<u>Recommendation</u>
<i>Health Care Payers Will Demand More Accountability</i>	<p>As the cost of health care increases the payers of these services – employers, private health plans and government – will demand more data and accountability to support decision making and payment policies. The increase in health care fraud will add to the need to audit and review provider qualifications, claims and filings at an increased level. The level of government oversight and audit is at an all time high with employers and the government conducting multiple audits of the health care system each year. These health care payers want to be assured they are getting what they paid for at the level of quality and service expected. It is likely that the increasingly more sophisticated health care consumer will also demand more access to information about their physicians, hospitals and health plans to guide their decision making.</p>	<p>Support public access to comparative data on health plans, hospitals and physicians that is informative (e.g. cost of plan, NCQA rating, hospital accreditation, physician board certification) but not punitive.</p>
<i>Government Regulation</i>	<p>At both the state and federal level, government continues to foist a costly regulatory burden onto the health care system.</p> <p>Two recent initiatives – state and federal health care privacy laws and the 1996 federal Health Insurance Portability and Accountability Act (HIPAA) will cost Hawaii's system hundreds of millions of dollars to implement while doing little to affect a positive change in the quality or accessibility of health care. Few bills passed by the legislature recently have addressed the long term specific health needs of our community, especially our children and elderly. Yet, left unaddressed, we can only watch as the cost of health care increases in Hawaii.</p>	<p>Support:</p> <ul style="list-style-type: none">• Continuation of SHPDA as an example of a community-based initiative that uses data, community input and prioritization to support health care decision making.• Legislation that specifically addresses the long term health needs of our community (as identified in this guide) rather than regulation that adds to cost without improving health.• Legislation that requires the state legislature to track federal initiatives in an effort to avoid the duplication and added burden of passing both a state and federal law on the same issue.

STATEWIDE VALUES SUMMARY

All new, expanded, or modified health care services and facilities should be designed to the greatest extent possible to be consistent with the values as expressed below. The selected values that are considered essential to the design of a comprehensive, responsive, accessible and cost-effective quality health care system for the State.

Accountability

Establishing and regularly using mechanisms for open communication and free flow of information to multiple health care delivery system constituents and the larger community's stakeholders about health outcomes, costs, and measures of quality, compared to standards and expectations.

Compassion

Promoting the respect and caring for, and the dignity of, individuals and families by the demonstration of affection, empathy, and aloha in all interactions, using all means of verbal and non-verbal communication and related behaviors.

Comprehensiveness

Establishing a continuum of health care services through integration, collaboration, and coordination to address holistically the health and wellness needs of individuals and families.

Community

Designing structures and processes that respect the cultural diversity and overlapping boundaries of groups bound together by one or more ethnic, social, economic, and/or geographic factors, and which may be defined at different levels from town to island to State.

The statewide values are representative of the value statements developed by each of the various Subarea councils. The individual Subarea council values can be referenced in Chapter III of the Hawaii Health Performance Plan.

Subarea Priorities

Statewide Priorities Summary

Priorities

The recommended statewide priorities for modifying or adding to the health care delivery system for the State of Hawaii:

- **Increase access to cost-effective health care services** by providing financial resources and incentives that encourage their use.
- **Foster the development of care delivery systems for the elderly and chronically ill.**
- **Develop health status benchmarks** to facilitate appropriate community-based health care delivery systems.
- **Establish clinical benchmarks** as minimal standards for the prevention, detection, and management of illnesses.
- **Foster access to culturally sensitive health care and education** on general preventive care and health maintenance.
- **Promote enhanced health care networks** to ensure access to comprehensive medical care statewide and promote continuous community-based assessment to facilitate public education and coordinated health care.
- **Eliminate costly duplication and fragmentation**, as well as costly consent decrees, by having new or expanded health services demonstrate how they are going to integrate services with other health and human services.
- **Increase immunization rates for children and increase screening and treatment of the 0 to 3 population** to address developmental delays and chronic health conditions.

- **Promote health insurance coverage for, and screening and referral to, mental health, alcohol and other substance abuse treatment.**
- **Encourage shift to prevention/ education in insurance coverage**, including chronic disease management, in a cost-neutral reallocation of the core costs.
- **Encourage individual responsibility** for their own health care to control costs.

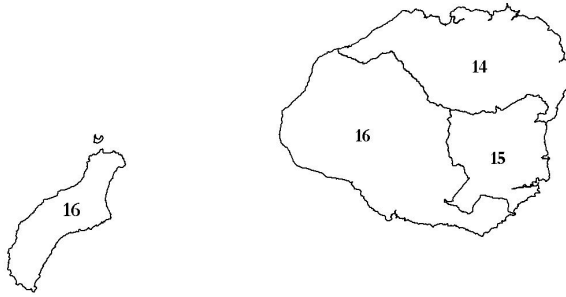
What is SHPDA doing about it?

Geographic Information System (GIS)

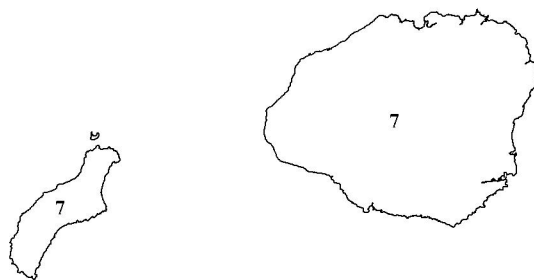
SHPDA received a grant of \$8,000 from the HMSA Foundation for a health care Geographic Information System program that provides information on health care sites and services.

The purpose of the grant is to provide information to assist in health services and facilities planning and community based development programs.

Kauai County Subarea Priorities



Kauai County State House Districts



Kauai County State Senate Districts

Priorities

Place highest priority on process and approach to decision-making as opposed to listings of services and programs. In other words, continuous assessment and improvement are the best means for assuring quality, access and affordable health care.

A. Local Control. Kauai must have more input and control over decision-making in allocating resources. The county continues to lack some basic services, especially in the areas of prevention, while state-funded programs have overlapped in some areas. Centralized decision-making by State agencies can mean that resources are not used in the most cost-effective way in addressing local community needs. Universal health care based on a single payer system, block grants, and demonstration projects are a few of the approaches that could result in more effective services.

B. Comprehensive Care. The Subarea Council and Garden Island Health Planning Committee plan, implement, and support programs which address the full continuum of care and life-long (conception through death) aspects of care.

C. Culturally Relevant and User-Friendly. Services are barrier-free and appropriate to the customer. All services include on-going evaluation and adjustments as necessary to continually meet and exceed customer expectations.

D. Focus on Patient and Family. All services are planned and provided based on the needs of the patient and family. In cases where this may be cost prohibitive, services provide a plan to move toward patient-focused care.

E. Access for Those with Inability to Pay. Services demonstrate charitable care and have established charity care policies and/or sliding fee schedules.

F. Prevention and Early Intervention. All services include prevention and early intervention activities with a means to measure and evaluate effectiveness.

G. Improved Distribution of Services. Certain services need to be provided on island or better distributed geographically. Currently, these include cancer care (specifically radiation therapy), dental care, substance abuse treatment, and preventive services. The North Shore needs special attention given its rate of growth and lack of available services.

What is Kauai SAC doing about it?

Dental Health

As a part of the Garden Island Health Planning Committee and the Kauai Dental Health Task Force (a consortium of community providers, consumers and organizations) participated in initiatives that include:

- 1) Dental screening and educational efforts in the schools;*
- 2) Networking with dentists, pediatricians, insurers, government health agencies and consumers via conferences and meetings, and;*
- 3) Developing public awareness and acceptance of water fluoridation thru TV and radio addresses*

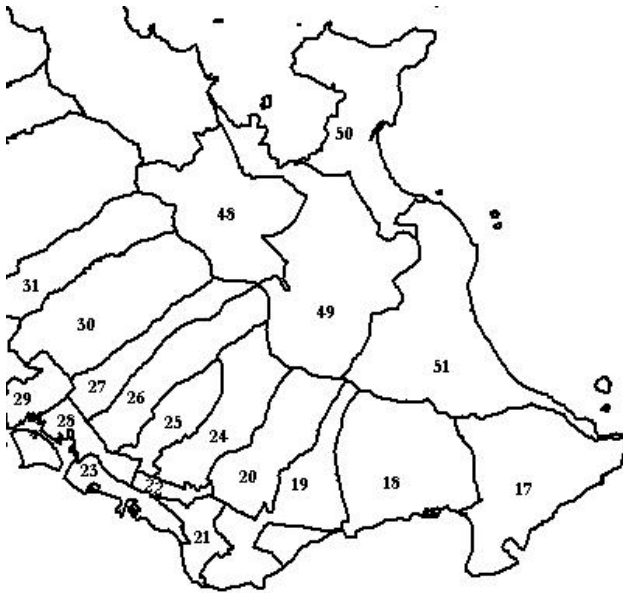
Behavioral Health

Participated in the Kauai Drug Abuse Coalition that provided alternative social activities for teens at schools and at housing projects.

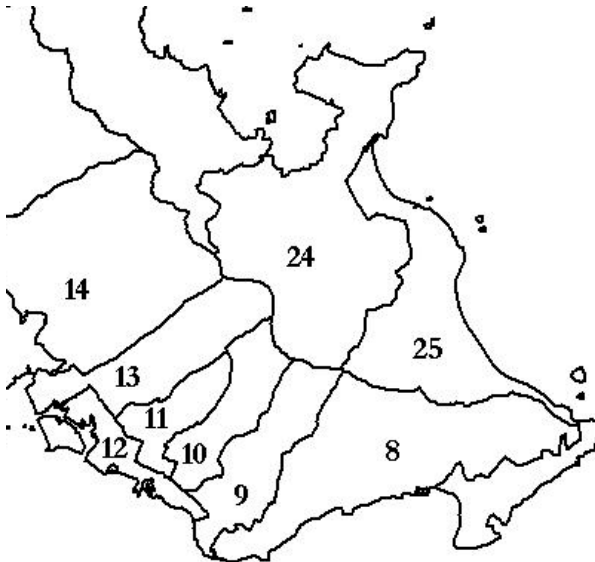
Other

Endorsed the Hoola Lahui Hawaii's application for federal grant funds to establish Kauai's first Community Health Center. Supported the Federally Qualified Health Center model by sponsoring consultation from the Chief Executive Officer of the successful Bay Clinics on the Big Island of Hawaii. Advocated for the location of initial services to be in West Kauai.

Honolulu Subarea Priorities



Honolulu State House Districts



Honolulu State Senate Districts

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system are as follows:

- A. Overall concern.** Increased geriatric care services for the growing elderly population.
- B. Mental Health and Substance Abuse.** (Behavioral Health) services, both residential and outpatient programs, for the elderly as well as for youth.
- C. Dental Care.** Focused on prevention, with increased access, especially for low-income patients.
- D. Injuries.** Violence, abuse and neglect of family members.

What is Honolulu SAC doing about it?

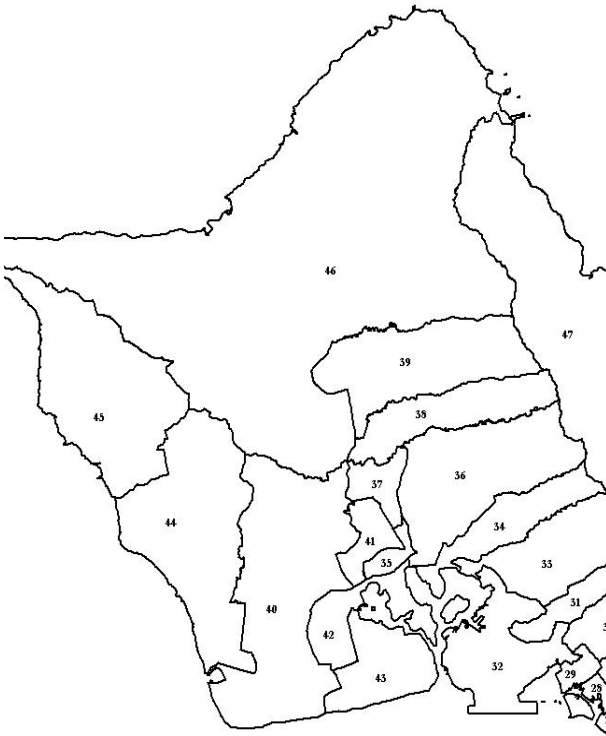
Heart Disease and Stroke

The Honolulu Subarea Health Planning Council (HONSAC) developed and distributed 76,000 pamphlets on "Medication and the Smart Senior" which included information on how to access the medicine bank, local resources for help with costs and with information on drugs and websites of credentialed pharmacies.

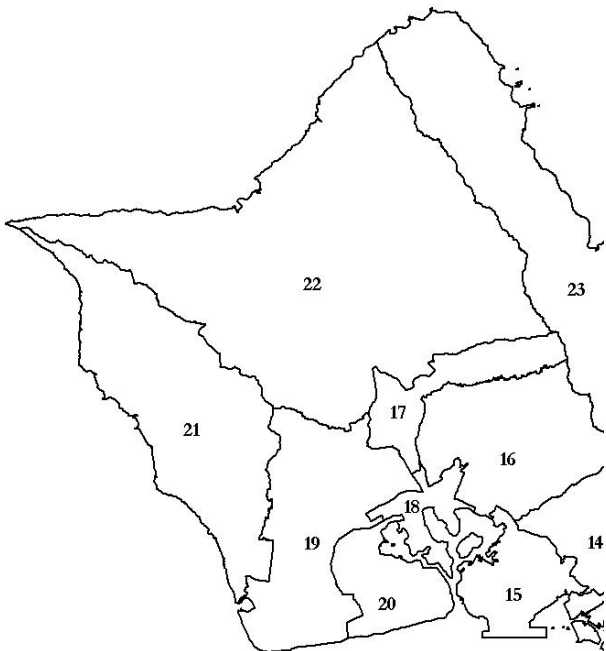
Dental Health / Maternal & Child Health

HONSAC distributed 500 National Institutes of Health brochures "A Healthy Mouth for Your Baby", to pediatricians, maternity hospitals, primary care centers, the State Women, Infants and Children's program and the Hawaii Dental Association.

West Oahu Subarea Priorities



West Oahu State House Districts



West Oahu State Senate Districts

(Central Oahu)

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system are as follows:

A. Most urgent area.

Mental Health/Substance Abuse
(Behavioral Health).

B. Most critical need areas overall:

- **Mental health and substance abuse services**, particularly in rural areas. There have never been adequate services to meet the need, which is now even greater due to increased joblessness.
- **Family planning services** integrated with behavioral health.
- **Affordable long-term care and services** in general for the elderly and their family members.
- **Emergency medical services** with a freestanding emergency care center, as the area has no secondary or tertiary treatment facilities.
- **School-based education and referral programs** with links to family practice primary care.

(Waianae area)

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system are as follows:

A. Diabetes and Other Chronic Disabling Conditions; Heart Disease and Stroke; Substance Abuse.

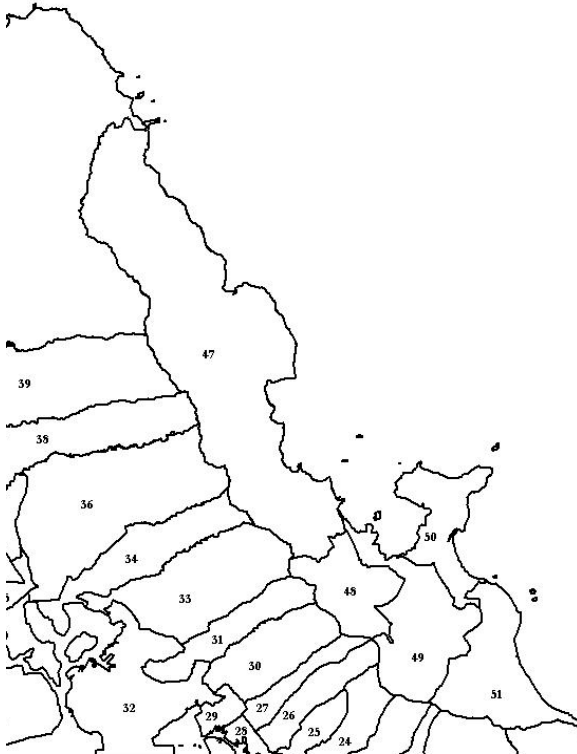
West Oahu Subarea Priorities
(continue)

- B. Existing Services.** Should be strengthened in all areas with improved access and outreach, encouraging people to use available services.
- C. Home Health and Adult Day Care.** Are of increasing importance for the growing population of elderly.
- D. Providers** must demonstrate accountability at all levels. People at risk need care; providers cannot disallow certain patients. At present, Hawaii has no specific legislation requiring accountability of managed care.
- E. Being ethical and equitable.** Requires fulfilling community commitments made by providers.
- F. Collaboration** between providers for enhanced and efficient service, such as that between Kapiolani and the Waianae Comprehensive Health Center.
- G. Accountability.** There is a need for a "Patient's Bill of Rights", informing the person of all the options available to them under their health plan.

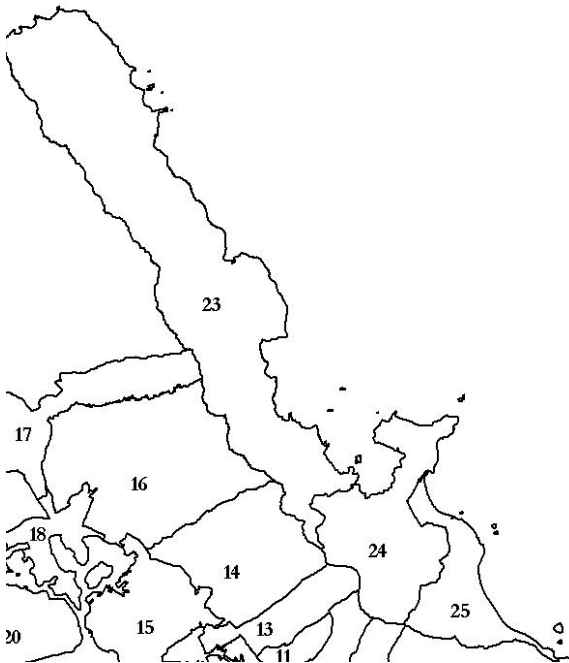
What is West Oahu SAC doing about it?

The West Oahu Subarea Health Planning Council is organizing itself to address the issues of substance abuse in the geographical area. It is in a needs assessment phase, compiling and reviewing secondary data to better understand the issues of substance abuse.

Windward Oahu Subarea Priorities



Windward Oahu State House Districts



Windward Oahu State Senate Districts

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system for the Windward Oahu Subarea are comprised of the nine most significant health care risks in the region.

The first six health risks were determined primarily by very high prevalence rates in the Windward area population and partly by projected health care and societal cost implications.

The last three selections were primarily based on the significance of projected health care and societal costs. The priority areas include:

- **Asthma**
- **Injuries**
- **Infective parasitic diseases**
- **Malignant neoplasms (cancer)**
- **Teen substance abuse (alcohol, drugs)**
- **Teen pregnancies**
- **Heart conditions**
- **Diabetes conditions**
- **Hypertension conditions (high blood pressure)**

What is Windward Oahu SAC doing about it?

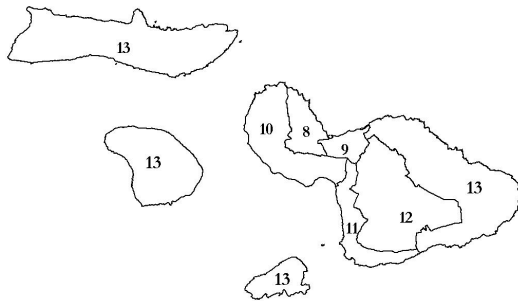
Chronic Diseases related to Asthma

In consultation with the community, the Windward Oahu Subarea Health Planning Council (WOSAC) facilitated the development of the Windward Oahu Asthma Coalition in the summer of 1999. The coalition focus is to increase awareness of asthma and improve the health outcome of children with asthma.

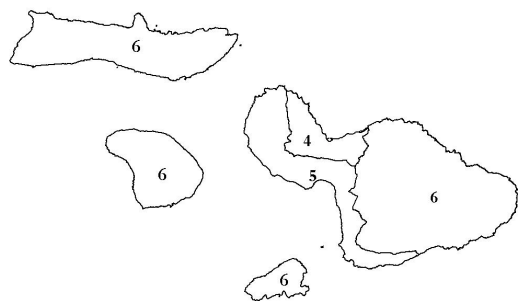
The WOSAC and its partners:

- *Implemented the American Lung Association's Open Airways for Schools program using trained volunteer instructors.*
- *Participated in rural community health fairs, including the Head Start Pre-School Family Health Fair, Koolauloa Youth Activity Family Fair and the Waimanalo Health Fair.*
- *Provided asthma screenings in conjunction with the American Academy of Allergy, Asthma and Immunology and Ke Ola Mamo Kaiaulu Community Health Fairs*
- *Submitted funding proposals to various national foundations.*

Maui County Tri-Isle (Maui, Molokai, Lanai) Subarea Priorities



Maui County State House Districts



Maui County State Senate Districts

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system are ranked as follows:

1. Behavioral Health Services, which include:

- A. Substance Abuse Services including:
 - Drug/Alcohol Education, Treatment and Prevention
 - Detox, including Medical Detox
 - Poly-substance Abuse
 - Substance Abuse Residential Treatment for Women with Children
 - Teen Substance Abuse
 - Substance Abuse Treatment and Follow-up—Hana

B. Mental Health Services

2. Emergency Medical Services: Ground and Aeromedical (helicopter)

3. Child Protective Services

4. Dental Services (especially for the uninsured)

5. Medical Services for the Uninsured

6. Other Priorities (refer to Hawaii Health Performance Plan, p. III-10)

- Preventive Health Services
- Adult Day Care – Molokai, Lanai, and Hana
- Care Home, especially for the Mentally Ill
- Kidney Dialysis on Lanai and Molokai
- Obstetrics/Medical Facilities for Obstetrics on Lanai
- Open Heart Surgery
- Pharmacist/Pharmacy especially on Lanai
- Rehabilitation/Occupational Therapist

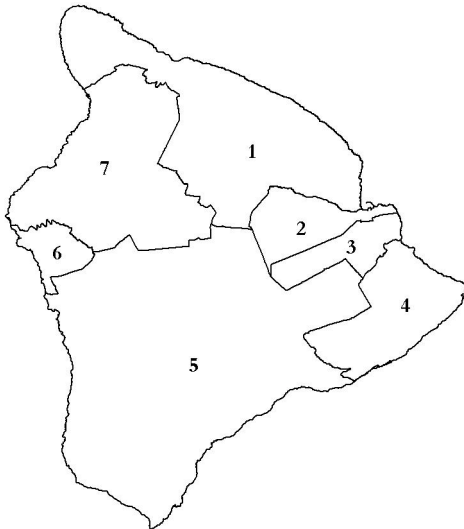
What is Tri-Isle SAC doing about it?

The Tri-Isle Subarea Health Planning Council facilitated the creation of the Maui County Dental Health Alliance.

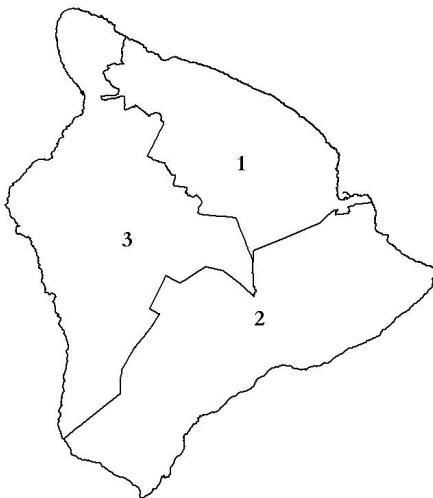
The mission of the Alliance is to improve the oral health of the citizens of Maui County by:

- *Advocating for improved access to dental health prevention and treatment services*
- *Encouraging increased citizen participation in education and outreach programs*
- *Empowering people to place importance on dental care*
- *Collaborating with and involving the dental community in learning about the basic needs of low income people*

Hawaii County Subarea Priorities



Hawaii County House Districts



Hawaii County Senate Districts

Priorities

The recommended regional priorities for modifying or adding to the health care delivery system are as follows:

A. Most Critical Need areas overall

- Quality care: Integration of services; customer satisfaction
- Adequate transportation: Identified as a “critical need” at 1/20/98 community planning meeting.

B. Most Urgent Chapter area. Mental Health/Substance Abuse (Behavioral

Health): Identified as a “critical need” at 1/20/98 community planning meeting.

C. Corollary of “A.” above. Increased primary care services and emergency response services (needed) in remote areas.

D. Position Statement

The summary of the 1/20/98 planning meeting (see Gaps/Critical Services/Plans below) should be considered a position statement on Big Island health needs.

E. High Priority. The Hawaii County Subarea Council places a high priority on collaborative planning activities which will lead to improved rural access to health care.

Perceived Gaps in Services

A. Transportation. Lack of public transportation and a good road system to serve populations scattered over wide distances.

B. Health Care Financing. Lack of funding for health services, in general, and broader insurance coverage; better institutional management of available funds.

C. Specialist services. Includes neurosurgery, pediatrics, psychiatry, dental, invasive cardiology, oncology, and allied support services such as dietary, pharmacy, occupational and physical therapy, and social work.

D. Outreach Programs. Should be community-based and island-wide in scope, providing services for:

- Elderly, including home health, nutrition, dental, respite care, and assisted living facilities and residences, to prevent institutionalization.

Hawaii County Subarea Priorities

(continue)

- Family, including support for all victims of domestic violence; family planning, and services for pregnant teens and young mothers; all behavioral health needs; and
- School health programs for mental health, substance abuse and teen pregnancy.

E. Behavioral Health. Includes treatment beds for adolescents island-wide; step-down services; drug treatment services including detox, especially in rural areas; crisis intervention and residential psychiatric services for both children and adults.

F. Health Education and Promotion. Includes prevention services for children, young mothers, adolescents and the elderly; affordable training opportunities for health professionals; and general public information to dispel misconceptions and advertise available services.

G. Integration of services.

Island-wide, including:

- Collaboration/communication between systems, and between providers regarding priority-setting and decision-making;
- Adequate consumer involvement in health care planning;
- Consistency within and between programs and systems, both public and private;
- Less dominance by State services, more competition from the private sector; and
- Equitable geographic distribution of services.

What is Hawaii County SAC doing about it?

Behavioral Health

Transportation

The Hawaii County Subarea Health Planning Council (HCSAC) is partnering with the Hawaii County Office of Aging, the County of Hawaii Mass Transportation Agency, the County of Hawaii Department of Research and Development, and the University of Hawaii's Urban and Regional Planning Department to identify the transportation needs of Hawaii County residents who require behavioral health services.

The partners intend to conduct a detailed assessment of the transportation needs of this target population on the island to facilitate a discussion (forum) with the public and private sector and community to address improving access to behavioral health services.

Outreach

The HCSAC partnered with the Chamber of Commerce to establish a much needed and affordable Employee Assistance Program to a number of small business operations in Hawaii at a cost of \$2 per member per month. Substance Abuse Services are now accessible to over 100 employees.

Disease Outcome Chapters

INFECTIOUS DISEASES

Trends

- Physical, political and cultural barriers that prevented or slowed the spread of infectious diseases no longer exist because of today's technology, global economy, and air travel.
- Other natural barriers, like tropical forests and other once-isolated areas of the world, are being eradicated, exposing the civilized world to serious diseases it was never exposed to.
- There are serious concerns about the early detection and containment of serious infectious diseases due to its potential rapid spread.
- Bioterrorism has become a reality. Distribution channels that need to be monitored are numerous. New protocols are being developed that are unfamiliar to health care providers and non-health care institutions. New mass casualty situations must be prepared for by public health agencies, health care providers and the public.

Issues

- There is need for more prevention and education for sexually transmitted diseases (STD), with focused activities in the Department of Education curriculum for elementary/ middle schools for grades 4-12; general availability of grade-appropriate HIV and STD education.
- Improved access to basic immunizations for childhood diseases for children.
- Improved access to influenza, hepatitis and pneumococcal pneumonia vaccines for high-risk populations such as the elderly and young children.
- There is a high prevalence of tuberculosis due to in-migration and travelers from endemic areas.
- Further study is needed for each island county regarding differences in incidence rates.
- Data collection coordination and improvements are needed among state, local agencies, healthcare providers and health plans.
- Education and training for health care professionals and the public in addressing bioterrorism scenarios. The costs associated with retooling and restructuring will be significant.

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Infectious Diseases Key Indicators	Healthy Hawaii 2000 Guideline	1998	1999	2000	Better than Guideline
● Incidence of Bacterial Meningitis per 100,000 population	4.7	.41	.84	.67	Better
● Reported Incidence of Gonorrhea per 100,000 population	100	42.4	39.1	40.8	Better
● Reported cases of primary & secondary syphilis per 100,000 population	4.0	0.3	0.3	0.16	Better
● AIDS cases per 100,000	43	14	8.6	9.1	Better
● Childhood immunization coverage	90%	81.7%	82.8%	na	Worse

Source: Centers for Disease Control, Healthy 2000 Final Report
State Department of Health, Communicable Disease Surveillance Report

Links/Resources

Hawaii Department of Health, Updated Objectives and Health Status Indicators for the State of Hawaii, 1998, published by Healthy Hawaii 2000

Department of Health Communicable Disease website at www.state.hi.us/health/

National Center for Disease Control website: www.cdc.gov

Healthy 2000 Final Report at National Center for Disease Control website:
www.cdc.gov/nchs/data/hp2k01.pdf

CANCER

Trends

- The number of statewide hospital inpatient admissions for oncology has decreased from 1,146 in 1997 to 942 in 2000 (data per HHIC).
- Current tobacco use has decreased from 23.4% in 1991 to 20.8% in 1998.
- Increases in outpatient chemotherapy treatment resulted in lower community costs and patient's recovery in their own home.
- Cancer related deaths decreased 12.1% from 1980 to 1999. However, cancer incidence has increased 13% from 1980 to 1997.

Issues

- Much of the cancer related treatment sites remain on Oahu, with access a continued issue for neighbor island residents.
- Culturally sensitive cancer care is not available in most areas. Waimanalo Health Center sends local representatives to resident homes to encourage diagnosis and treatment.

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Estimated Incidence Rates of New Cancer Sites* (no. of cases per 100,000)	H2P2 Guideline	1997	2000	Compared with Guideline
By site:				
Lung	700	505	416	Better and Improving
Breast	729	469	416	Better and Improving
Prostate	1,255	974	583	Better and Improving

Source: American Cancer Society: Cancer Facts and Figures 2000

Links/Resources

American Cancer Society www.cancer.org
Cancer Research Center of Hawaii www.hawaii.edu/crch

DIABETES AND OTHER CHRONIC DISABLING CONDITIONS

Trends

- There are approximately 53,000 people in Hawaii who have some form of Diabetes. Diabetes prevalence (per 1,000 persons in Hawaii) has increased 8.5% from 1999 to 2000. (per HHS)
- Statistics by ethnicity in Hawaii indicate that Japanese continue to have the highest prevalence rate of Diabetes (67.7 in 2000). Their rate per 1,000 persons is 47.5% higher than the statewide rate. (per HHS)
- There are approximately 100,000 people in Hawaii who have Asthma. Asthma prevalence (per 1,000 persons in Hawaii) has decreased 7.2% from 1999 to 2000. (per HHS)
- Statistics by ethnicity in Hawaii indicate that Hawaiians continue to have the highest prevalence rate of Asthma (139.5). Their rate per 1,000 persons is 61.3% higher than the statewide rate. (per HHS)
- The Alzheimer's Disease and Related Disorders Association (ADRDA) estimates that 19,700 people in Hawaii suffer from Alzheimer's Disease. This is a 15.9% increase from ADRDA's 1998 estimate.

Issues

- There are currently no cures for these chronic conditions. The goal of chronic care should be to help individuals maintain independence and a high level of functioning.
- Reliable statewide prevalence and demographic data are needed for Alzheimer's disease.
- Access to specialty care (i.e., neurologist, geriatrician or geriatric psychiatrist) is limited. Therefore, primary care providers should be educated about Alzheimer's Disease, how to diagnose the disorder correctly, and the effective treatment and management techniques.

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Chronic Disease Key Indicators	Healthy Hawaii 2000 Guideline	1996	1997	1998	Better than Guideline
• Diabetes Prevalence Rate per 1000 Hawaii U.S.,	20.0	43.8*			No Change
• Diabetes related mortality Rate per 100,000 Hawaii U.S.,	34.0 34.0		41.4 40.6	42.2 40.9	No Change

Source: Healthy People 2000 Final Review

*Hawaii Health Performance Plan

Links/Resources

Hawaii Health Survey (HHS) <http://mano.icsd.hawaii.gov/doh/stats/survey/hhs.html>

The Alzheimer's Disease and Related Disorders Association – Hawaii Branch

Heart Disease and Stroke

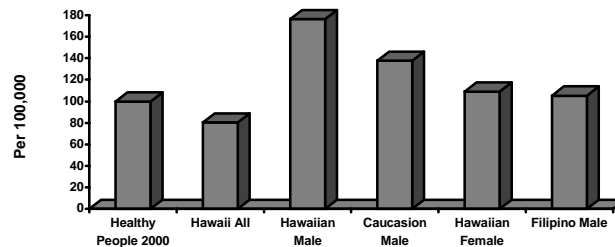
Trends

- Cardiovascular disease continues as the leading cause of death in Hawaii and U.S.
- Thousands of Hawaii Residents suffer preventable and premature death, illness and disability due to cardiovascular disease annually.
- In 1996 these conditions were the leading cause of death and accounted for 38% (2,900) of all deaths in Hawaii.
- In 1995 cardiovascular disease accounted for 11% (14,378) of Hawaii hospital discharges and the associated costs were 4 time that of all other discharges.
- Cardiovascular disease will increase with the aging “baby boomer” population.

Issues

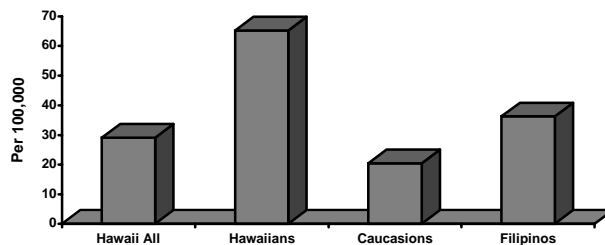
- Although Hawaii’s cardiovascular heart disease mortality rate is better than the 2000 national objectives, not all segments of the population have benefited equally from recent improvements.

CHD Mortality Rates



- The Hawaii stroke rate (27.2/100,000) was higher than the national goal (20/100,000) and has not shown any significant improvement since the early 1980's.

Stroke Mortality Rates



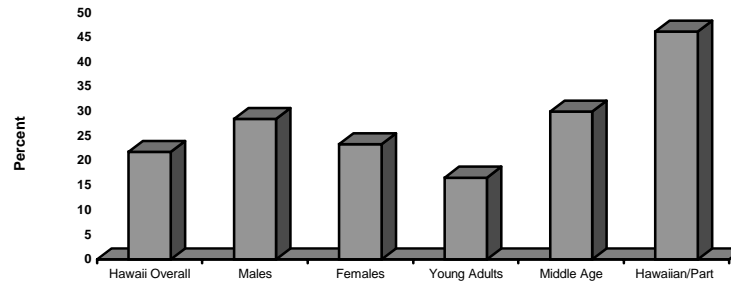
- There has been significant decrease in overall risk factors for cardiovascular disease in Hawaii, but not demonstrated across all ethnicities.

Cardiovascular Risk Factors



- Lack of physical activity and obesity, significant risk factors for CVD, appear to be worsening among Hawaii residents.

Prevalence of Obesity



- Prevention and improved health services for cardiovascular / cerebrovascular disease will improve the health outcomes and quality of life for our State and decrease the financial burden today and in the near future.
- Although there are reported programs established to reduce the burden of CVD, the last status report was in 1997.

How are we doing?

Health Status Indicator	Hawaii versus Nation	Hawaii Trend
Cardiovascular admissions		Increasing
Heart Disease Mortality Rate	Better	Improving
Cigarette Smoking	Better	Fluctuating
Overweight	Better	Worsening
Physical Inactivity	Better	Not Available

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Heart Disease and Stroke	Healthy People 2000 Guideline	1997	1998	Guideline Status
Age adjusted death rates for coronary heart disease (Age adjusted death rate per 100,000) <ul style="list-style-type: none">• Hawaii• U.S.	100.0	65.2 100.1	62.6 96.8	Better & Improving
Age adjusted death rates for stroke (Age adjusted death rate per 100,000) <ul style="list-style-type: none">• Hawaii• U.S.	20.0	28.2 25.8	24.1 25.1	Worse but Improving

Source: Healthy People 2000, Final Review

Links/Resources

www.health.gov/healthypeople
www.americanheart.org/statistics
www.state.hi.us/stats

PREVENTABLE INJURIES AND VIOLENCE

Trends

- Latest survey by National Center for Health Statistics (2000) indicates that injury rates are highest among older Americans > 65 years of age; this is the fastest growing age group in the U.S.
- Teenagers and young adults from 12-21 years of age follow
- Falls are the leading cause of injury among older adults
- For young adults, being struck by or against a person or object was the highest cause followed by transportation-related injuries (3/4 not wearing seatbelts or not buckled in a safety seat.)
- Workplace violence is a substantial contributor to death and injury on the job. NIOSH data indicate that homicide has become the second leading cause of occupational injury death, exceeded only by motor-vehicle-related death.

Issues

- 1990-2010, those 60+ will grow by 72% (one in every five persons) those 85+ will grow by 286%
- 2020, one in every four will be 60+, those 85+ will increase by 395%
- Chronic health conditions of elders will affect safety and living conditions
- State does not have sufficient assisted living, skilled nursing arrangements to accommodate this demand or long term care insurance
- Focus of health care coverage in elderly is not on prevention
- 1999 Youth Risk Behavior Surveillance indicates that Hawaii's teenagers are consistent with national statistics in terms of unintentional and intentional injuries, alcohol and other drug use.
- Childhood safety issues appear to mirror national statistics
- Workplace violence is a growing area of concern for employers and employees, and is clustered around service and retail industries.
- Limited service delivery and funding of programs is not well known by public for all of these areas.
- Knowledge of existing programs is also limited—where and who to call for help

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Prevention Key Indicators			Status
Elderly falls	1988-Nation 230,000 hospital admits	1996-Nation 340,000 hospital admits	Increasing nationally, local stats not available
Alcohol and Drug Use (Youth Risk Behavior Survey)	1999-Nation	1999-Hawaii	Status
- Drank alcohol during past month	45%	44.6%	Locally, alcohol and marijuana use appear to be same as national data; cocaine and inhalation of substances appears to be less than national data
- Episodic heavy drinking past month	27%	26.8%	
- Used marijuana past month			
- Ever used cocaine	25%	24.7%	
- Ever sniffed or inhaled intoxicating substances	8% 13%	3.3% 3.9%	
Childhood Safety Counseling (Youth Risk Behavior Survey)	1999-Nation	1999-Hawaii	Status
- Rarely or never used seat belts	11%	10.6%	Hawaii's data appears similar to national data
- Rode with a drinking driver during past month	38%	38.3%	
- Carried a weapon during the past month	14%	13.7%	
- Were in a physical fight during past year	31%	30.6%	
- Attempted suicide during past year	10%	10.1%	
Violence in workplace	1994 Nation	1999-Hawaii	Status
NIOSH states violence is a lead contributor to death and injury on the job.	One million assaults at work	Unknown	Workplace violence is clustered in occupational settings; 56% are in retail and service industries.

Links/Resources

Centers for Disease Control

www.cdc.gov/nchs/releases/01factds/olderame.htm

www.cdc.gov/nchs/releases/00facts/injuryam.htm

www.cdc.gov/ncipc/factsheets/fallcost.htm

www.cdc.gov/niosh/violpurp.html

www.cdc.gov/nccdphp/dash/yrbs/pies99hi.htm

American Academy of Pediatrics

www.aap.org/advocacy/releases/septviolence.htm

State of Hawaii, Department of Health – Injury Prevention Program

State of Hawaii, Department of Health – Maternal Child Health

DENTAL (ORAL) HEALTH

Trends

- Access to dental care for the poor is more difficult. Subsidized services are being phased out. The Medicaid program does not provide for adult dental benefits.
- Spending for dental services in the U.S. has risen steadily but has remained fairly constant as a proportion of personal health care spending – about 5 percent in 1997.
- Oral health status tends to vary in the U.S. on the basis of socio-demographic factors. This is also true in Hawaii, where Native Hawaiian and Filipino populations have a higher incidence of dental decay.
- Community water fluoridation, which grew rapidly until about 1980, has not yet been accepted in Hawaii.
- Over the past 20 years, deaths and new cases from oral and pharyngeal cancers have declined, but the 5-year survival rate has not changed.

Issues

Hawaii communities, primarily through Subarea council representatives, have noted the following gaps in the oral health care for individuals in the state of Hawaii:

- High incidence of dental decay among individuals within the State, especially among the Native Hawaiian and Filipino populations.
- Hawaii lags far behind the nation in prevention of dental disease, as seen in the high percentage of decay, and baby bottle caries among Hawaii children. There is no fluoridation of water in Hawaii except on military bases. This one preventive step could greatly decrease the incidence of dental disease in the State by as much as 40-60%. There is a need for education on the effects of the local diet on the increased incidence of dental decay.
- Care provided through state funded programs has been severely limited since February 1996 when the State Department of Human Services made dental care optional, and would only provide for emergency care with all dental work excluded. This puts a financial burden on individuals that have difficulty paying for any dental care. Expanded coverage to preventive dental care would greatly benefit these individuals who are dependent on QUEST to provide for their care.
- There are limitations to access to care for the elderly and the indigent populations in Hawaii, especially on the Neighbor Islands. The state clinics are available for only the severely handicapped and elderly who meet strict financial guidelines. Expansion of these clinics would help those in need. The Hawaii Dental Association has recognized the problem and has set up a program to give senior citizen discounts for dental care. They are exploring a similar program for non-insured individuals. The State should continue to support non-profit groups that provide care to these at-risk individuals.
- Insurance has restricted coverage for preventive and specific diseases such as TMJ disease and craniofacial disorders. Some studies have been done that show

minimal impact of some of these diseases on overall insurance expenses. Companies should be encouraged to provide assistance to individuals who have these conditions.

How are we doing?

(Refer to H2P2 document for other indicators)

Infectious Diseases Key Indicators	Target/ (year)	Baseline/ Year		Status
		Hawaii	U.S.	
Reduce dental cavities incidence to no more than 50% among 6 to 8 year olds ¹	50% (2000)	72.7% (1989)	53% (1986)	Worse
Reduce untreated dental caries to no more than 30% among 6 to 8 year olds ¹	30% (2000)	36.16% (1989)	27% (1986)	Worse
Reduce the prevalence of baby bottle tooth decay to no more than 10% among 5 year olds ¹	10% (2000)	15.8% (1989)	5% (1988)	Worse
Percent who visited the dentist or dental clinic within the past year ²	no target (1999)	74.7% (1999)	67.9% (1999)	Better
Oral Health Report Card ³	no target (2000)			
• Prevention		B–	C	Better
• Access to Care		C–	D	Better
• Health Status		C+	C	Better
• Overall Grade		C+	C–	Better

Source:

¹ Healthy Hawaii 2000, Oral Health Objectives (done in conjunction with National Health People 2000)

² Behavioral Risk Factor Surveillance System, National Oral Health Surveillance System, Centers for Disease Control

³ Oral Health America issued by the U.S. Surgeon General. The scoring utilizes centralized data sources from the CDC, including oral health modules of the Behavioral Risk Factor Surveillance System, state dental directors, reports of the Surgeon General and others.

Links/Resources

Behavioral Risk Factor Surveillance System, National Oral Health Surveillance System, National Centers for Disease Control, website: www2.cdc.gov/nohss

Health Trends in Hawaii: A Profile of the Health Care System, Third edition, 1997.

U.S. Department of Health and Human Services. *Cancers of the oral cavity and pharynx*, National Centers for Disease Control, National Institutes of Health, 1991.

Reisine, S. "A Longitudinal Study of Work Loss Related to Dental Disease," *Social Science and Medicine* 21(12): 1985.

Journal of Dental Education, Vol. 57, No. 12, 1993.

1995 Survey of Dental Fees. ADA Survey Center.

Hawaii State Department of Commerce and Consumer Affairs, July 1, 1995.

Oral Health in Hawaii's Public Elementary School Population, Hawaii Department of Health, 1986.

MATERNAL, INFANT AND CHILD HEALTH

In 1996, there were 340,146 children ages from birth to 19 years in Hawaii. Children represent about 29% of Hawaii's population. Access to quality maternal and child health services has serious implications for the outcomes of a healthy pregnancy and childhood.

Issues:

- Continuous need to expand awareness of the significant positive impact of preventive care and protective health behaviors throughout the spectrum of maternal, infant, child and adolescent health. Such preventive health measures as early prenatal care, childhood immunization, preventive measures for childhood injuries, and teen education regarding sexuality and high risk behaviors are demonstrated to improve health and decrease health care costs.
- Access to services is critical in all dimensions of maternal, infant and child health. Providing access requires:
 - Awareness of services for the consumer, i.e. family support services which offer support in such areas as child abuse, counseling and education, family planning services especially for teens.
 - Availability of quality services where the consumer can use them, i.e. providing primary care to teens via school based health service centers or comprehensive school health programs.
 - Ability to pay, i.e. addressing low income women who refrain from seeking early and continuous prenatal care.
- Support of a quality health care delivery system that fosters knowledgeable and skilled medical personnel and advanced technical equipment and facilities. Support of the continuum of care from prevention to tertiary treatment and rehabilitation is necessary to assure availability of quality services to care for all health needs of mothers and children.

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Maternal, Infant & Child Health	Healthy People 2000 Guideline	1997	1998	Better than Guideline	Local Trend
Mothers began prenatal care -first trimester of pregnancy <ul style="list-style-type: none"> • Hawaii • U.S. 	90%	83.4% 82.5%	85.4% 82.8%	Better	Better
Infant Mortality Rates (per 1,000 live births) <ul style="list-style-type: none"> • Hawaii • U.S. 	7.0	6.6 7.2	6.9 7.2	Better	Better

Maternal, Infant & Child Health	Healthy People 2000 Guideline	1997	1998	Better than Guideline	Local Trend
Percent of live births of low birth weight <ul style="list-style-type: none"> Hawaii U.S. 	5.0%	7.2% 7.5%	7.5% 7.6%	Worse	Worse
Adolescent Pregnancies – females 15-17 yrs old (Live births per 1,000 females) <ul style="list-style-type: none"> Hawaii U.S. 	23.3	25.3 32.1	29.5 30.4	Worse	Worse
Childhood immunization coverage. Estimated vaccination coverage with 4DTP/3polio/1MMR series among children ages 19-35 months	90%	81.7%	82.8%	Worse	Better

Source: Healthy People 2000, Final Review

Links/Resources:

Healthy Mothers, Healthy Babies
 Maternal and Child Health Branch, Department of Health, State of Hawaii; Service Block
 Grant Program Annual Report FY2000 and application FY 2002
 Hawaii Health Information Corporation
 Hawaii Kids Count
 HMSA: Health Trends in Hawaii
 Vital Statistics Branch, Department of Health, State of Hawaii
 Prevent Child Abuse Hawaii
 KidsCount 2001 (www.aecf.org)

BEHAVIORAL HEALTH: MENTAL HEALTH, ALCOHOL, OTHER DRUGS & TOBACCO

Trends






- Background checks for mental health and substance abuse are being conducted by employers for direct-service providers.
- More treatment linkage between medical and behavioral health care is being demanded by funding sources.
- Managed Care has resulted in inpatient shortened lengths of stay requiring greater expertise in short-term therapy at less intensive levels of care.
- The demand and need exist for increasing community-based MH services.
- Health care Advance Directives that include psychiatric and other medical care directions and end-of-life decisions are being debated by consumers and policymakers.
- Parity laws are being debated at Federal and State Legislative levels.

Issues

- State remains under two consent decrees due to poor service to children with special needs and adults in the Hawaii State Hospital
- Treating correctional (forensic) clients at the HSH; alternative treatment settings, and related Hawaii's laws
- Child/Adolescent outpatient MH services are transferred from CAMHD to DOE
- The fragmentation of planning, service delivery and policy development caused by the existence of multiple funding streams and service-delivery behavioral health systems
- Increased need for DOH and DHS to collaborate in planning and funding as the aged, blind and disabled population moves to managed care
- Community-based treatment infrastructure on each Island
- Housing (clean, sober, supportive) for publicly funded clients on each Island
- Lack of accountability in public mental health, public safety and health systems has created a policy dilemma

How are we doing?

(Refer to H2P2 document for complete list of indicators)

Substance Abuse Key Indicators	1991	1998	On the rise/ Decreasing
• Prevalence of heavy alcohol use among adults *	12.9%	21%	
• Tobacco current use	23.4%	20.8%	
• Marijuana current use	5.8%	7.4%	
• Other drugs of abuse		Increase in all except cocaine	
Other Indicators	1996	2000	Indicator
• Prevalence – High School 12 th graders with AOD treatment needs**	14.7%	27%	

*Source: Substance Abuse and Treatment Needs: Adult Population Household Survey (1998) – available through DOH-ADAD

**Source: The 2000 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2000) – available through DOH-ADAD

Links/Resources

Electronics Policy Network - www.epn.org/whatsnew/org/NHeLP-1.html

Medicaid Managed Care - www.hcfa.gov/medicaid/omchmpg.htm

Center for Health Strategies - www.chcs.org

HandsNet On-Line Eb Clip Service - www.handsnet.org

Federal Medicaid/Medicaid Site - www.hcfa.gov

Bazelon Center for Mental Health Law - www.milbank.org/bazelon

Substance Abuse & Mental Health Services Administration

www.samhsa.gov/oas/oasftp.htm

Appendix

MAR 15 2001

SR 80
S.C.R. NO. 107

SENATE CONCURRENT RESOLUTION

REQUESTING THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY TO
DEVELOP A HEALTH POLICY GUIDEBOOK.

1 WHEREAS, the State Health Planning and Development Agency
2 (SHPDA) is statutorily mandated to develop the State of Hawaii's
3 "health services and facilities plan" that addresses the health
4 care needs of the State; and

5
6 WHEREAS, this plan is also known as the Hawaii Health
7 Performance Plan and was developed in partnership with Hawaii's
8 health care industry and communities statewide; and

9
10 WHEREAS, the Hawaii Health Performance Plan focuses on the
11 bottom line of health care - health care outcomes - and includes
12 guiding principles and performance outcome measures for health
13 planning and policy making; and

14
15 WHEREAS, the Hawaii Health Performance Plan was recognized
16 by the National Partnership for Reinventing Government and the
17 United States Surgeon General's office for its successful
18 public-private partnership approach; and

19
20 WHEREAS, the Hawaii Health Performance Plan is being
21 implemented by communities statewide and is integrated in the
22 strategic plans of private sector health systems and health
23 organizations; and

24
25 WHEREAS, examples of the Hawaii Health Performance Plan's
26 implementation include:

- 27
28 (1) Helping small business on the Big Island - the Hawaii
29 County Subarea Health Planning Council (Council)
30 partnered with the Chamber of Commerce to establish
31 much needed and affordable employee assistance
32 programs for small businesses on the island. In this
33 way, substance abuse services became accessible to
34 over 100 employees;

- 1
- 2 (2) Educating seniors about prescription drugs - the
- 3 Honolulu Council designed and partnered with a major
- 4 bank to distribute prescription drug information to
- 5 over 75,000 seniors;
- 6
- 7 (3) Bringing together community resources to help children
- 8 with asthma - our Windward Council formed the first
- 9 ever Asthma Coalition. The Coalition established
- 10 pilot projects at four public schools, developed an
- 11 Asthma Resource Book and has applied for asthma
- 12 grants; and
- 13
- 14 (4) Establishing dental task forces and alliances - the
- 15 Kauai and Maui Councils are helping their communities
- 16 more effectively deal with the epidemic of dental
- 17 caries;
- 18

19 and

20
21 WHEREAS, the Hawaii Health Performance Plan is a foundation
22 upon which to develop a "State of Hawaii Health Policy
23 Guidebook" to assist the Legislature in making public health
24 policy decisions; now, therefore,

25
26 BE IT RESOLVED by the Senate of the Twenty-First
27 Legislature of the State of Hawaii, Regular Session of 2001, the
28 House of Representatives concurring, that the Legislature
29 requests the State Health Planning and Development Agency to
30 develop a "State of Hawaii Health Policy Guidebook" based on the
31 Hawaii Health Performance Plan; and

32
33 BE IT FURTHER RESOLVED that the State Health Planning and
34 Development Agency is requested to submit the "State of Hawaii
35 Health Policy Guidebook" to the Legislature no later than twenty
36 days prior to the convening of the Regular Session of 2002; and

37
38 BE IT FURTHER RESOLVED that a certified copy of this
39 Concurrent Resolution be transmitted to the State Health
40 Planning and Development Agency.

41 OFFERED BY:

Public Policymakers' Checklist

You face a room full of people waiting to testify on a complex issue. Some seem to be “for” it – others “against”. How do you know who is right or which position is best for the community as a whole? Below are questions you should consider asking those who provide formal testimony or informal comment.

Find out what connection the testifiers have to the issue and if they could benefit financially or otherwise from a particular vote.

- Who do you represent?
- What do you/your organization stand to gain if this issue is passed?

Find out if the information/data they are presenting is creditable and current.

- What is the source of your information?
- May I see a copy of the report you referenced?
- If a survey was conducted, how many people were included in your survey?
- When was the survey conducted?
- Who conducted the survey you referenced?

Find out how many in the community will be affected and how.

- What impact will passage of this issue have on our community?
- How will the community be affected if this is not passed?
- How many will be affected? How do we know they will be affected?
- Who or what will be helped? Who or what will be harmed?
- On what basis do you draw this conclusion? [Ask testifiers to work through their rationale to demonstrate they know what they are talking about and are not just spouting rhetoric.]

Find out the cost of the proposal.

- What will this cost? How did you arrive at that figure? [Ask testifiers to walk you through the “math” to show they know what they are talking about and to gauge whether they have considered all relevant factors. Also be prepared to ask for their sources.]
- Who will pay for this? Where will the money come from?
- Can this proposal be sustained once initial funding runs out? How?

Find out how performance or outcomes will be assessed.

- If this is passed/funded, how will we know if this was beneficial to our community?
- What performance standards or outcome goals do you have in place?
- How and by whom will this performance be assessed?

Find out if legislation is warranted or if other solutions have been tried.

- Is legislative action required or are private sector solutions already in place?
- Can government intervention improve the situation or solve this problem?
- Has something like this been tried elsewhere and with what result?